

033004

13281 U.S. PTO

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. MERCK-2212-C02

First Inventor Stephanie ANDES et al.

Title MULTILAYER PIGMENTS BASED IN COATED METAL PLATELETS

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 19 ]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets ]
5. Oath or Declaration [Total Pages 5 ]  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 10 / 453,479

Prior application information: Examiner S. Manlove

Group / Art Unit: 1755

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

23599

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

James E. Ruland

Registration No. (Attorney/Agent)

37,432

Signature

Date

March 30, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete  
this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:  
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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	
Filing Date	March 30, 2004
First Named Inventor	Stephanie ANDES et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	MERCK-2212-C02

**TOTAL AMOUNT OF PAYMENT** (\$) 810

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)								
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 13-3402  Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>								
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other										
<b>FEE CALCULATION</b>										
<b>1. BASIC FILING FEE</b>										
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid					
1001	750	2001	375	Utility filing fee	770					
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
<b>SUBTOTAL (1)</b>					<b>(\$ 770)</b>					
<b>2. EXTRA CLAIM FEES</b>										
Total Claims	11	-20**	=	Extra Claims	0	Fee from below	18	=	Fee Paid	0
Independent Claims	1	-3**	=	0		86		=	0	
Multiple Dependent								=	0	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description						
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
<b>SUBTOTAL (2)</b>					<b>(\$ 0)</b>					
**or number previously paid, if greater; For Reissues, see above										
						<b>Other fee (specify)</b> _____				
						<b>*Reduced by Basic Filing Fee Paid</b>				
						<b>SUBTOTAL (3)</b> <b>(\$ 40)</b>				

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	James E. Ruland	Registration No. Attorney/Agent)	37,432	Telephone	(703) 243-6333
Signature				Date	March 30, 2004

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